

When Programs Aren't Enough: Building Multi-Agency Recovery Supports

2016 Kentucky School of Alcohol and
Other Drug Studies

Jonathan I. Cloud
Planning and Management Consultant

July 18, 2016



Learning Objectives

- 1. Understand the five types of multi-agency partnerships and conditions that call for strategic planning among multiple agencies.**
- 2. Understand the core principles of Positive Youth Development and how they apply to addressing substance abuse among adolescents through multi-agency strategies.**
- 3. Understand the importance of formulating a theory of change on which to base primary, secondary, and tertiary prevention efforts.**
- 4. Understand the stages involved in building a multi-agency strategy that implements recovery support practices consistent with developmental science.**
- 5. Understand how to engage key individuals in developing or strengthening a multi-agency strategy.**

Important Note

This presentation includes examples of elements of an approach to multi-agency partnering developed by this consultant that is working successfully in several jurisdictions. The approach has specific features that address some of the key pitfalls in multi-agency partnering. Though it is being used to address the problem of domestic minor sex trafficking, it is applicable to addressing the problem of adolescent substance abuse, particularly in light of the fact that substance abuse is an aspect of the domestic minor sex trafficking problem.

Performance Objectives

- 1. Describe five types of partnerships and be able to determine the type best suited to address several typical types of local adolescent AODA situations.**
- 2. Explain Positive Youth Development perspective and apply it to the planning and implementation of multi-agency strategies.**
- 3. Develop a basic theory of change that can be used to guide the planning and implementation of a multi-agency strategy.**
- 4. Explain the stages for building a multi-agency strategy and recognize the ways in which one or more is/are already happening or has happened in one's community.**
- 5. Develop a succinct action plan for developing or strengthening a multi-agency strategy.**

How We'll Cover the Content

- **Module 1: The Necessity and Challenge of Multi-Agency Partnering**
- **Module 2: Positive Youth Development: Research-Based Framework for Joint Planning, Implementation, and Evaluation**
- **Module 3: Assessment Of the Change Opportunity and Readiness to Jointly Pursue Change**
- **Module 4: Building Capacity (Getting Organized for Action)**
- **Module 5: Developing a Flexible Strategic Plan of Action**
- **Module 6: Implementing the Strategic Plan of Action**
- **Module 7: Evaluating the Multi-Agency Implementation Effort**

Instructional Approach

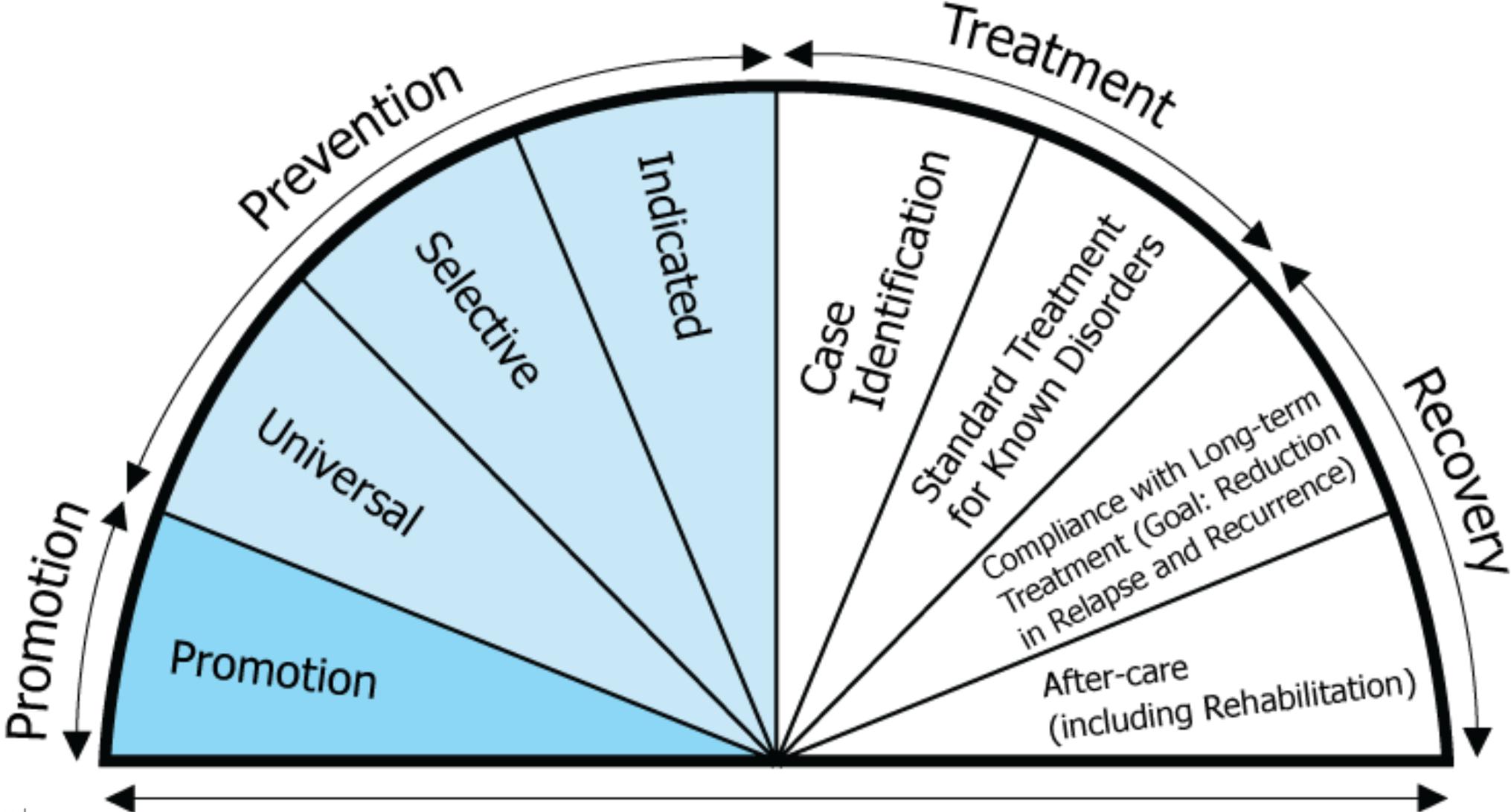
- 1. Pace according to your engagement and “getting it.”**
- 2. I rely on your willingness to be fully engaged.**
- 3. Questions at any time. There are no “bad” questions.**
- 4. Slides designed for ongoing reference- so not all will be talked about and some will be skipped and/or quickly mentioned.**
- 5. Some group exercises/discussions we may do as a whole group.**
- 6. Some content will be covered at a pretty good pace.**
- 7. Tell me what you don’t understand or want more of.**
- 8. We’ll have scheduled breaks.**
- 9. Take care of yourself.**
- 10. Have fun with the exercises on building/enhancing a partnership.**

Module One

The Necessity and Challenge of Multi-Agency Partnering

Four Approaches Utilized by Programs

The Challenge is Making It All Work as a System of Care



Three Components of a Health Promotion Approach to Strategic Planning

1. **Substances:** Regulate supply to ensure the quality of substances and enact appropriate restrictions.
2. **Environments:** Promote social and physical contexts that encourage moderation and are stimulating and safe.
3. **Individuals:** Increase health capacity and **resilience** and develop active responsible citizens.

Ultimate aim of recovery support is recovery of one's resilience.

Knowing Who's Doing What: First Step in Partnering

(Quick Simulation Group Exercise for Later Use with Modules 3 and 4)

Promotion Programs	Prevention Programs	Treatment Programs	Recovery Programs
<p>Create a list of promotion programs. Each person contributes based on awareness of actual programs in her/his community.</p>	<p>Create a list of prevention programs. Each person contributes based on awareness of actual programs in her/his community.</p>	<p>Create a list of treatment programs. Each person contributes based on awareness of actual programs in her/his community.</p>	<p>Create a list of recovery programs. Each person contributes based on awareness of actual programs in her/his community.</p>

Discussion: Experiences With Partnering

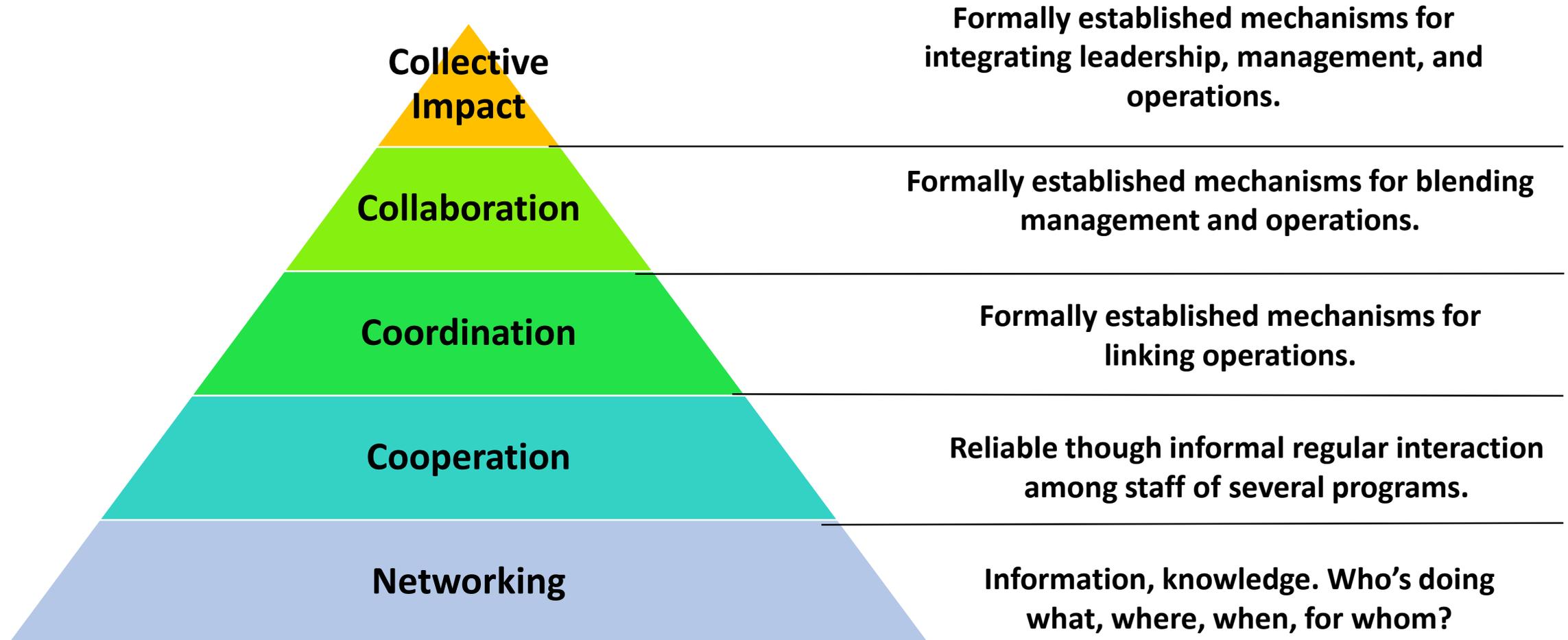
1. About how many “collaborations” in your community?
2. How many “collaborations” has your agency been a part of?
3. What were some main reasons for the “collaboration’s” existence?
4. What are some successes that stand out in your mind?
5. What are some challenges that stand out in your mind?



Some Situations When Programs Aren't Enough

1. When up-to-date and accurate information about other programs and services is routinely needed.
2. When rapid access to a wide range of information and knowledge that the program does not possess, or obtaining it, requires significant time and effort.
3. When reliable though informal regular interaction between programs is required due to steadily increasing need for services for which availability, accessibility, or adequacy are limited.
4. When the complexity of clients' needs require reliable mechanisms by which two or more programs formally link their **operations** for seamless provision of care.
5. When outcomes of a community's system of care are inadequate, as indicated by increases in AOD abuse and results of treatment; formal blending of **management** and **operations**.
6. When local leaders possess the will to engage in a long-term effort to solve some aspect of the AOD problem in the community, such as early onset of drug use; sophisticated formal integration of **leadership**, **management**, and **operations**.

Each Situation Calls for a Type Partnering



Types of Partnering

Elements of Partnerships	Types of Partnerships				
	Networking	Cooperation	Coordination	Collaboration	Collective Impact
People (human skills, knowledge, and abilities; relationships; vision of change)	No vision. Casual interactions.	Basis for cooperation is between individuals. Organizational mission and goals not considered. Interaction as needed.	Individual relationships are supported by organizations. Mission and goals are reviewed for compatibility. Interaction for specific task (e.g.; jobs for survivors).	Commitment of organization is fully behind individuals. Common mission and goals created. One or more projects taken on for longer-term results.	New mission and goals created. New vision. Initiative with multiple projects to simultaneously address interconnected or intergenerational problems.
Structure (authority, power, accountability; roles or functions)	No structure. No defined roles.	Authority solely with individual organizations. Accountability rests with each organization.	Authority with each organization but there is some coordination. Organizations assume needed roles but still function separately.	Authority is determined by the collaboration to balance ownership; shared control and dispersed leadership. Formal division of labor created.	Separate “backbone” organization coordinates participation of other organizations. Highly formal governance and infrastructure for potentially over 100 organizations.
Strategy (goals, objectives, activities; products or services to realize vision or produce change)	Better understanding of what each organization does.	Improved interactions. Regular interactions.	Project-specific planning. Linkages between existing agencies or services formally established by protocols.	Long-range project planning. Formulation of new services. Strategic objective: solving a specific problem.	Long-range planning for broad-based social change. Strategic objective: social or major systems change. Shared data-base and measurement system.
Processes (communications and interactions; getting things done)	Informal conversations.	Routines established to facilitate regular dialogue and information-exchange.	Communication roles and systems for interagency operations created.	Shared decision-making; formal communication and systems for interaction.	Joint decision-making; continuous communication and systems for interaction. Mutually reinforcing plan of action.
Resources (funds, materials, equipment, places; motivation and incentives)	Exchange of information.	Organizational resources are separate.	Resources acknowledged and made available for a specific project.	Limited acquisition of new resources. Resources pooled among agencies for a long-term effort.	Major acquisition and reallocation of resources across multiple sectors, not just agencies.

Shift From Single-Agency to Multi-Agency Programming: Careful Attention to Implementation

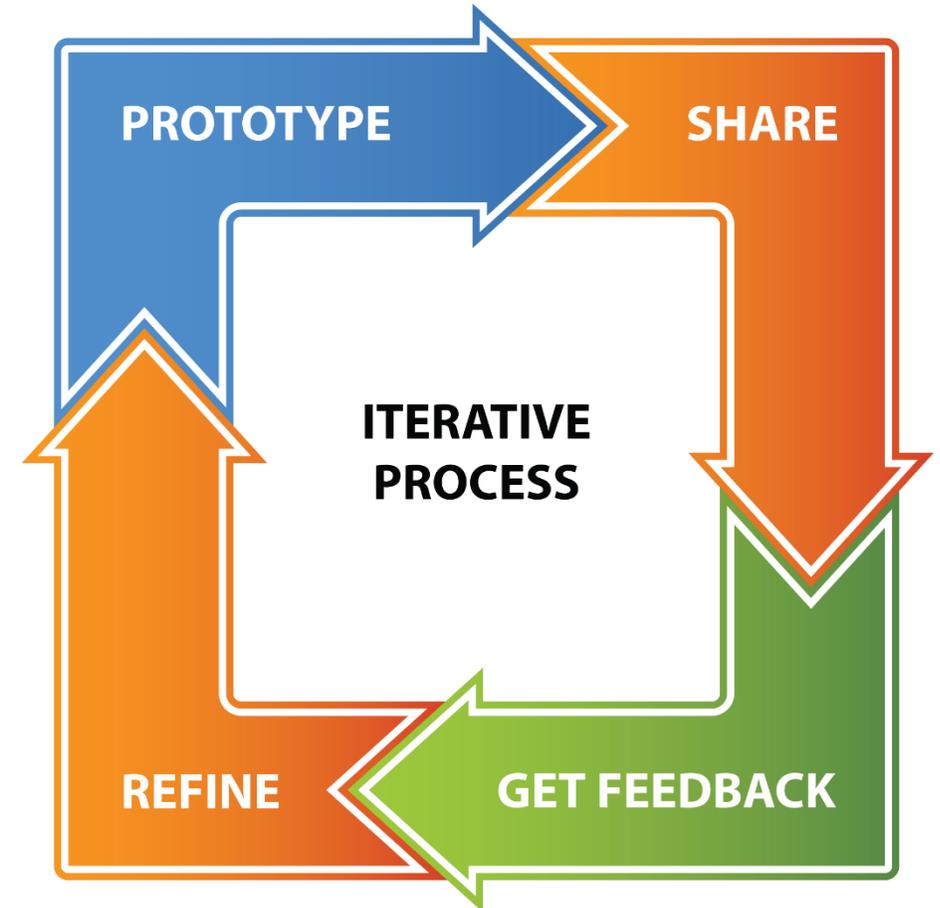
“Our research shows us that, all too often, implementation is taken for granted in the broader human services field and does not receive appropriate attention . . . the case for carefully planned implementation still has to be made, explicitly and consistently, in the broader human services field.”



(Just Do It: Communicating Implementation Science and Practice, A Frameworks Strategic Report, Frameworks Institute, Eric Lindland et. al., 2015)

It's Often Frustrating for Many Human Service Agencies

Experts generally agree that implementation is a process that proceeds through stages and extends over time. They emphasized that planning and consensus-building periods should precede the actual installation of a new program or practice. Experts also noted that implementation is iterative and nonlinear, in that organizations may find themselves moving back and forth between stages



Some Disciplines Needed for Partnering

(Source: *The Fifth Discipline: The Art and Practice of the Learning Organization*, 1990, modified)

- 1. Systems Thinking: Attention to the whole, not individual parts or “just doing my job.”**
- 2. Personal Mastery: Each staff able to realize the results that matter most deeply to them (e.g., meaning, purpose); based on commitment to continuous learning and improvement.**
- 3. Mental Models: Deeply ingrained mental images, stories, and assumptions that influence how staff understand their work and take action.**
- 4. Shared Vision: A shared picture of the future the staff of each agency seeks to create.**
- 5. Team Learning: Continuous dialogue among staff in and across agencies, entering into genuine “thinking together.”**

Difficulty Often Due to Mental Models

(One of Those Subtle Things Rarely Considered But That Are Very Powerful)

- Used to sift through and process huge amounts of data daily.
- Explains cause and effect to us, and lead us to expect certain results.
- If faulty, making the wrong decisions is more likely.



Anyone have an example of a mental model that interferes with partnering?

Mental Models That Undermine Multi-Agency Strategic Implementation

- 1. Overwhelming Complexity: Social problems are complex, as are the people embedded in them; so implementation is inevitably complex with too many moving parts.**
- 2. Individualism: Individuals are largely – and in many cases exclusively – responsible for shaping their own outcomes and determining their own fates.**
- 3. More = Better: Better outcomes result from more resources or more services; emphasizes quantity; little or no emphasis on quality.**
- 4. Just Do It: Carrying out a plan of action is a straightforward endeavor of simply “doing it.”**
- 5. Science Skepticism: Best practices, evidence-based practices, model programs, research and so forth viewed with suspicion.**

(Just Do It: Communicating Implementation Science and Practice, A Frameworks Strategic Report, Frameworks Institute, Eric Lindland et. al., 2015)

Social Innovation: Often Required When Single Programs Aren't Enough

- 1. A different way of working that involves partners in co-creation in order to implement, test, and adapt interventions.**
- 2. Involves taking risks, sharing results early, and learning quickly from ideas that don't work.**
- 3. Innovation-friendly environment allows people to work together, test new ideas, and engage in active learning.**



Stages for Building a Multi-Agency Strategy

(Strategic Prevention Framework, U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention, 2006, modified)



- **Assess**: Conduct readiness assessment and needs assessment defined by an area of focus such as a school, neighborhood, community; findings and priorities.
- **Build Capacity**: Mobilize to identify and engage partners and resources as indicated by assessment findings and priorities; establish roles and responsibilities.
- **Plan**: Develop a flexible strategic plan in which work groups implement projects and interventions focused on the priorities; specify desired outcomes; logic model.
- **Implement**: Execute multiple planned activities and evidence-based practices.
- **Evaluate**: Monitor progress, collect performance data, evaluate effectiveness.

Discussion:
Level of Effort in the Stages in Relation to Partnering Levels
 (We'll Utilize Collaboration Level for Our Exercises)

	Networking	Cooperation	Coordination	Collaboration/ Collective Impact
Assess	None	Little	Much	Very Much
Build Capacity	None	Little	Much	Very Much
Plan	Very Little	Some	Much	Very Much
Implement	Very Little	Some/Informal	Much/Formal	Very Much/Very Formal
Evaluation	None	Some/Informal	Much/Formal	Very Much/Very Formal

The Five Conditions of Collective Impact

(Source: *Stanford Social Innovation Review*, “Channeling Change: Making Collective Impact Work,” by Fay Hanleybrown, John Kania, and Mark Kramer, 2012)

Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

PHASES OF COLLECTIVE IMPACT

(Source: *Stanford Social Innovation Review*, “Channeling Change: Making Collective Impact Work,” by Fay Hanleybrown, John Kania, and Mark Kramer, 2012)

Components for Success:	PHASE I Initiate Action	PHASE II Organize for Impact	PHASE III Sustain Action and Impact
Governance and Infrastructure	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
Strategic Planning	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
Community Involvement	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation and Improvement	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Module Two

Positive Youth Development: Research-Based Framework for Joint Planning, Implementation, and Evaluation

**(Supports Crafting a Common Agenda and Shared Metrics by
Working in Accordance with a Shared Agenda in Mutually
Reinforcing Ways Supported by Shared Measurement)**

Why This Module is Important for Partnering

- **Supports a shared mental model.**
- **A shared understanding of the problem/opportunity is essential for high performance partnering.**



Defining Positive Youth Development

Utilizing positive, non-punitive measures to facilitate development, not just control behavior. Includes practices that:

- focus on what is right with youth rather than what is wrong with youth;
- enhance positive supports and opportunities; and
- build on the youth's strengths and interests.



Some Principles of the PYD Approach

1. Youth and young adults are viewed as valued and respected assets to society.
2. Focus on developmental needs, tasks, aspirations, not just “problem behavior.”
3. Safe, supportive environments that provide opportunities to experiment, take appropriate risks, and explore, discover, and engage.
4. Activities that enhance competencies, connections, character, confidence, caring, and contributing, which are indicators of thriving)



Positive Youth Development Impact on Delinquency and Substance Use

Catalano, Berglund, Ryan, Lonczak, Hawkins, 1998. **Positive youth development in the United States. Research findings on evaluations of positive youth development programs.** Report to DHHS, Assistant Secretary for Planning and Evaluation and National Institute for Child Health and Human Development.

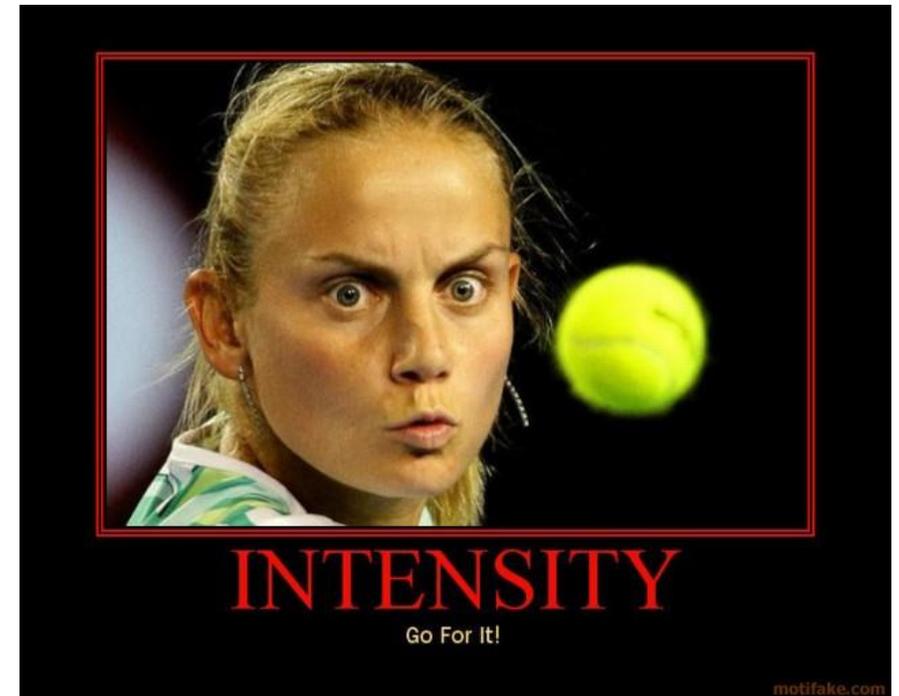
Gavin, Catalano, David-Ferdon, Gloppen, Markham, 2010. **A review of positive youth development programs that promote adolescent sexual and reproductive health.**

Journal of Adolescent Health, 46 (3 Suppl. 1)*

*Sponsored by Centers for Disease Control and Prevention

Risk-Taking is a Part of Healthy Youth Development

- Adolescents are risk-takers at heart (Donovan & Jessor, 1985; Irwin, 1993; Lightfoot, 1997; Maggs, Frome, Eccles & Barber, 1997).
- Risk-taking has been identified as necessary for adaptive adolescent development (Fischhoff, 1992; Jessor & Jessor, 1977; Moore & Gullone, 1996).
- Risk behavior represents the *human tendency to seek physical and mental stimulation* [i.e., **heightened/intense experiences**] by engaging in risk, even potentially self-harming risk, with some individuals having a stronger sociobiological need for stimulation [i.e., **heightened/intense experiences**] than others (Arnett, 1992; Greene et. al, 2000; Lopes, 1993).



Unconscious Needs and Expectations Must Be Considered

“The **archetypal need** to transcend one’s present state at any cost, even when it entails the use of physically harmful substances, is especially strong in those who find themselves in a state of meaninglessness, lacking both a sense of identity and a precise societal role. . . . It is almost impossible for many young people to feel in any way useful in today’s society. Why should we be so amazed that so many take drugs . . .”

(Source: Luigi Zoja, *Drugs, Addiction, and Initiation: The Modern Search for Ritual*, Sigo Press, Boston, 1989)



Archetypal Need: A drive to rise above present state or self is in our DNA; it is why we no longer live in caves or get around in horse-drawn carriages. We unconsciously possess a vague pattern of what we can become. Higher levels of knowledge increase its clarity or cognizance.

This Unconscious Process is Associated with Identity Formation: A Major Adolescent Need

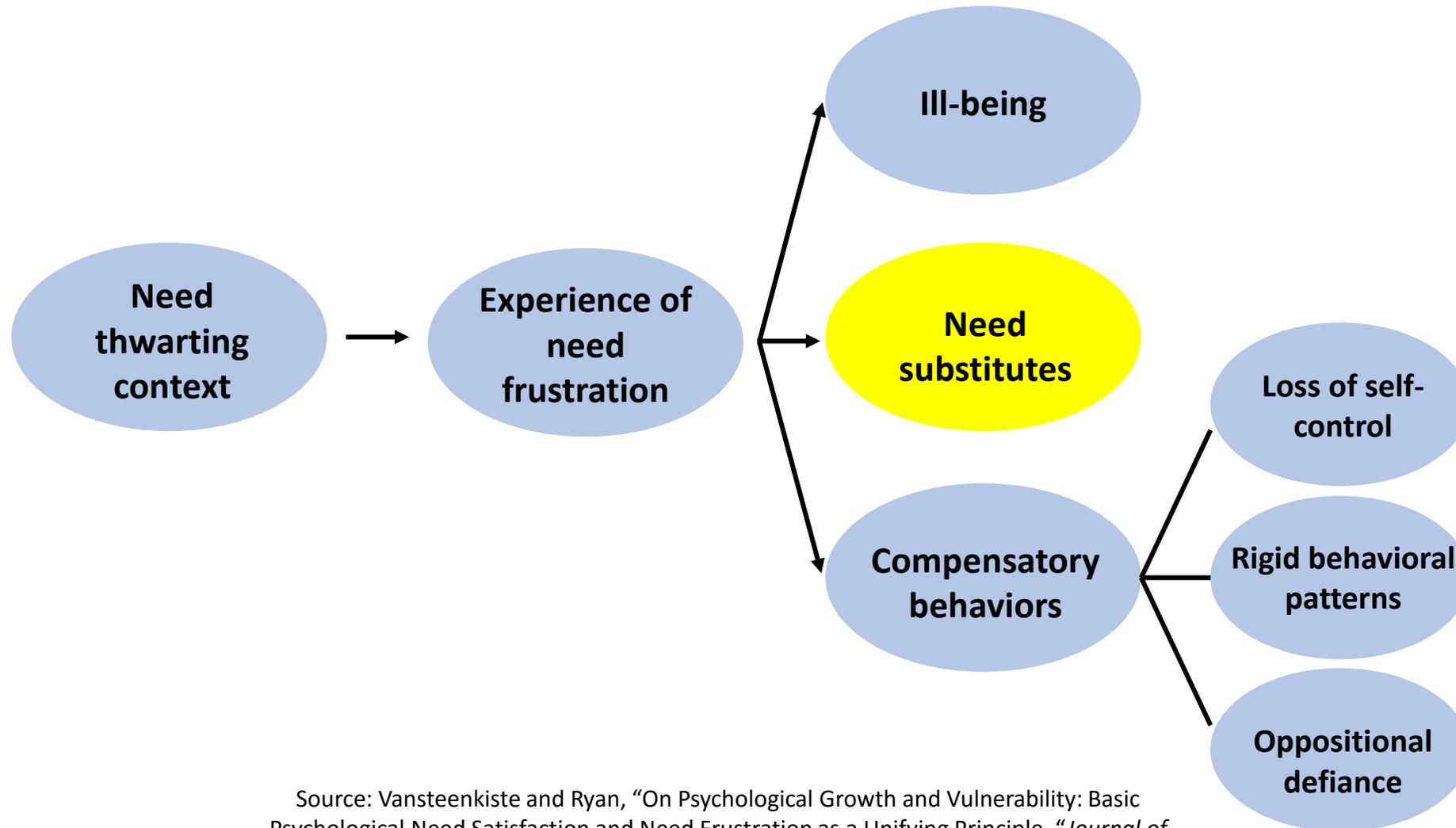
A consuming life task of the adolescent is to discover or construct ideal possible selves that reflect one's **potentials** (Cantor & Kihlstrom, 1987; Greene, 1986).

For many youth this task is beset with frustration and failure (Blos, 1967; Erikson, 1968; Flavell, 1963; Harter, 1983).

Through rebellious and delinquent activity, youth can define themselves as adventurous, independent, powerful, tough, or in control and bring one prestige among one's peers (Hirshi, 1969; Sutherland & Cressey, 1978).



Drugs Use Can Be a Need Substitute, Compensatory Behavior, Way of Countering Ill-Being



Source: Vansteenkiste and Ryan, "On Psychological Growth and Vulnerability: Basic Psychological Need Satisfaction and Need Frustration as a Unifying Principle," *Journal of Psychotherapy Integration*, 2013, Vol. 23, No. 3

Two Aspects of Drug Use as a Substitute Experience: Heightened Perception and Initiation

1. The way drugs are acquired and taken have not only a practical function but also a ritual one. Such behavior unconsciously recalls ancient *rites of entrance and passage*.
2. Initiation involves separation from one's previous status or identity, or lack of an identity.
3. Involves an “initiatory rebirth” through a powerful, **esoteric experience**.
4. Drugs activate certain archetypal (i.e., unconsciously or genetically inherited) **expectations** which do not diminish as physical addiction sets in.



(Source: Luigi Zoja, *Drugs, Addiction, and Initiation: The Modern Search for Ritual*, Sigo Press, Boston, 1989)

Some Descriptions of Drug Experience: Artificial Heightening Perceptions

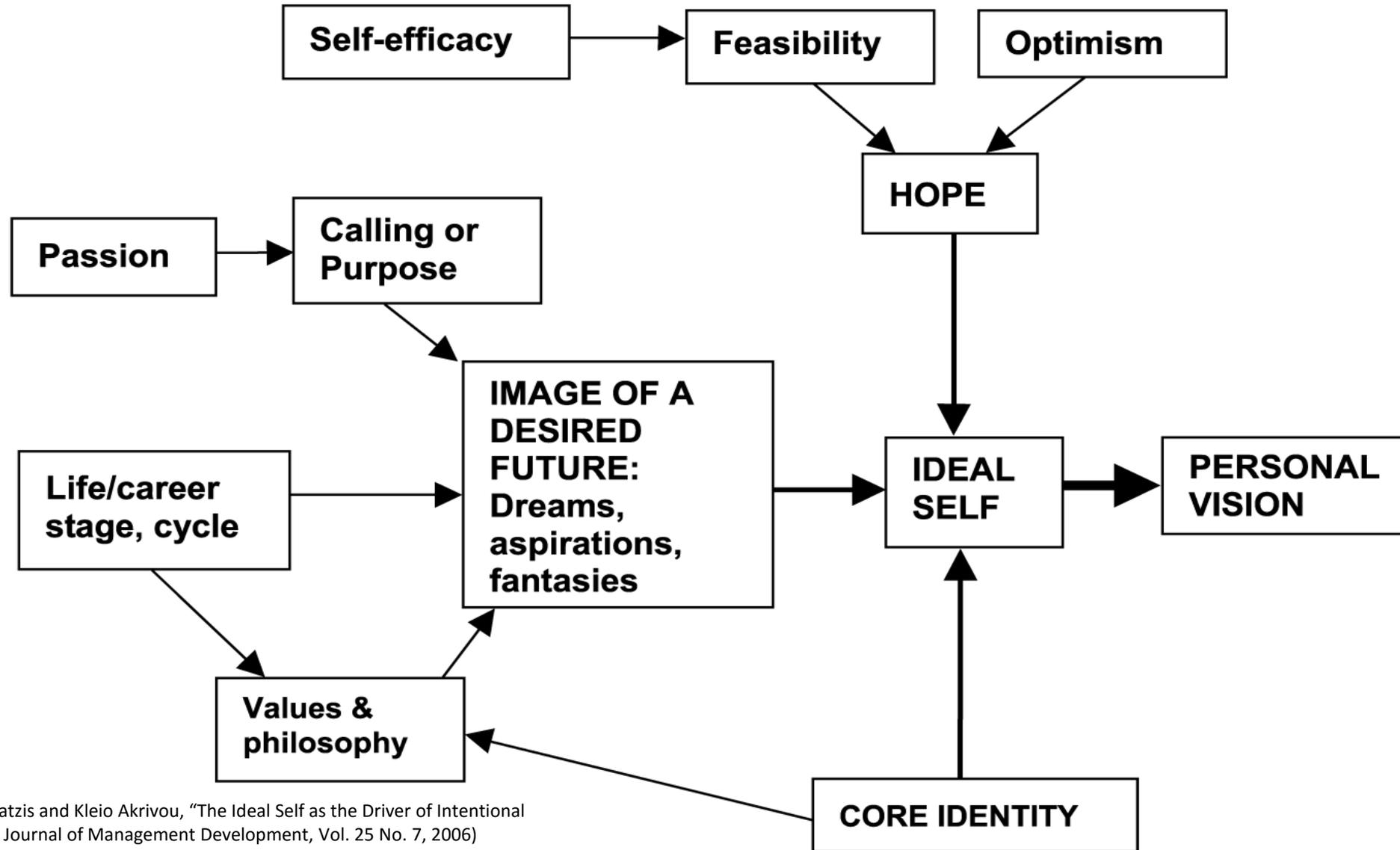
- Heroin: opiate; mimics the action of endorphins, **creating a sense of well-being**, the euphoria has been described as an orgasm centered in the gut.
- Cocaine: crystalline tropane alkaloid; creates a euphoric **sense of happiness** and increased energy.
- Methamphetamine: psychostimulant; triggers cascading release of norepinephrine, dopamine, and serotonin causing **euphoria and excitement**.
- Ecstasy: semisynthetic psychedelic entactogen; increased awareness of the senses, feelings of openness, euphoria, empathy, happiness, **heightened self-awareness**.
- Marijuana: psychoactive; **alters** mental and physical facilities.

Drug Experience as Substitute Initiatory Experience

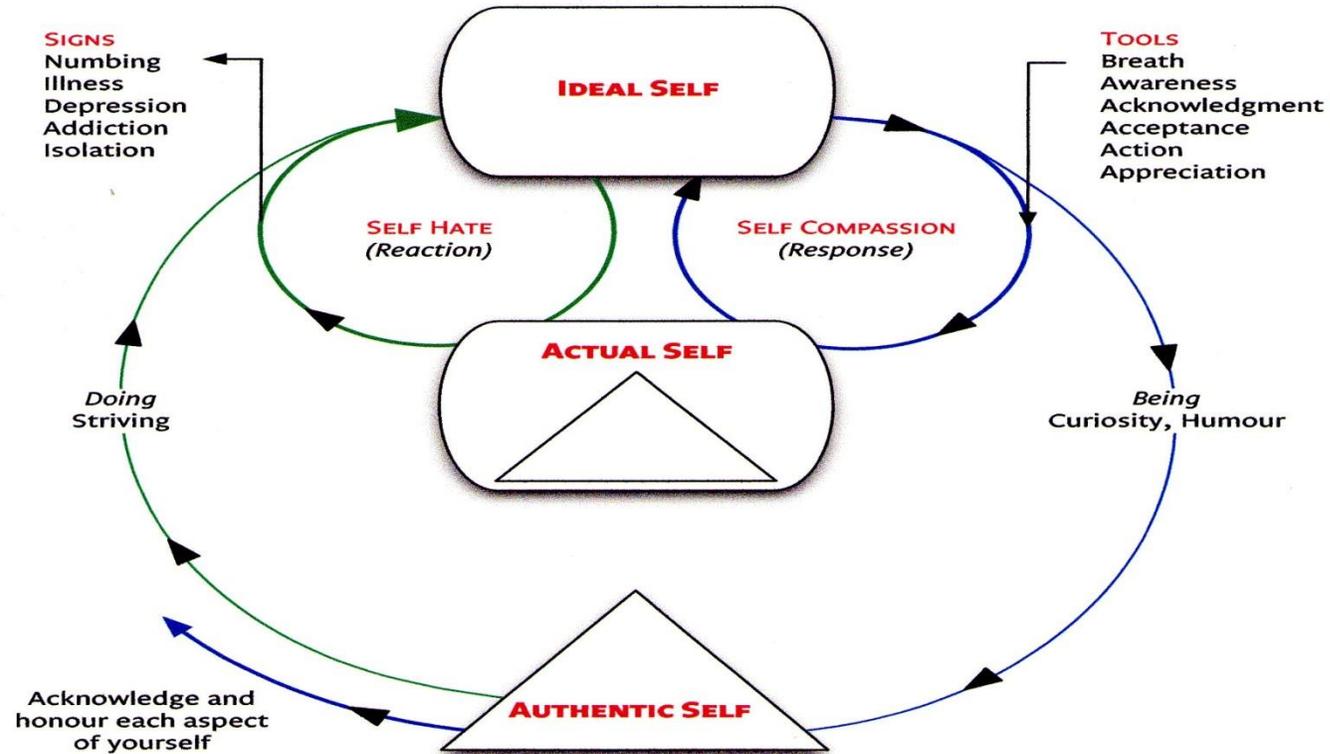
(Drugs, Addiction And Initiation: The Modern Search For Ritual, Luigi Zoja, 1989)

- 1. The disappearance of initiation is a principal difference between the ancient world and the modern.**
- 2. Fundamental structure of initiation stresses a “passage.”**
- 3. Involves a search for fellowship and seeking out “masters” (or mentors to learn from).**
- 4. The way drug-using cliques acquire and use their drugs has a ritual function similar to ancient rites of entrance.**
- 5. Entrance into drug world is not regression, but a choice to remedy a lack of identity by assuming a defined negative identity and role.**
- 6. The person making this choice is actually seeking a few moments of heroic identity; a desperate way to occupy a place in society.**

Research Reveals the Ideal Self as a Key to Intentional Heightened Experience



(Richard E. Boyatzis and Kleio Akrivou, "The Ideal Self as the Driver of Intentional Change," Journal of Management Development, Vol. 25 No. 7, 2006)



Development unfolds from an original Authentic Self towards an Ideal Self.

Broadening Our Perspective on Recovery to Support Multi-Agency Partnering

(So That We Don't Wait Until Large Numbers of Youth are in Deep End Services with Severe Addictions)

Regaining of or possibility of regaining something lost or taken away (e.g., initiation, ideal self, identity); restoration or return to a former and better state or condition.



Requires a shared understanding of adolescent wellness, not just pathology or dependency/addiction, so that the partnership is clear about what has been lost or taken away and what constitutes having regained it, or the measurable outcome. The Positive Youth Development research and its concept of thriving is useful for cultivating such a shared understanding.

A Developmental Perspective on Recovery Support

- **Recovery not only as a matter of moving away from dependency or addiction and the cessation (or significant reduction) of use; but also as matter of moving toward one's ideal or possible self, which is the central developmental task of adolescence.**
- **The focus is supporting recovery of one's progress in realization of one's potential, which is needed as much by adolescents who are beginning to engage in drug abuse as by those who are addicted.**
- **Helps define and drive multi-agency strategy development in a way that can include interventions that aren't traditional AOD interventions, even as it broadens the range of possible agency partners.**

Growth-Activating Recovery Support Framework

Needs

- Current well-being and needs
- Risk factors
- Protective factors
- Crisis plan (if needed)

Aspirations

- Form Ideal Self
- Interests
- Passions
- Hopes

Strengths

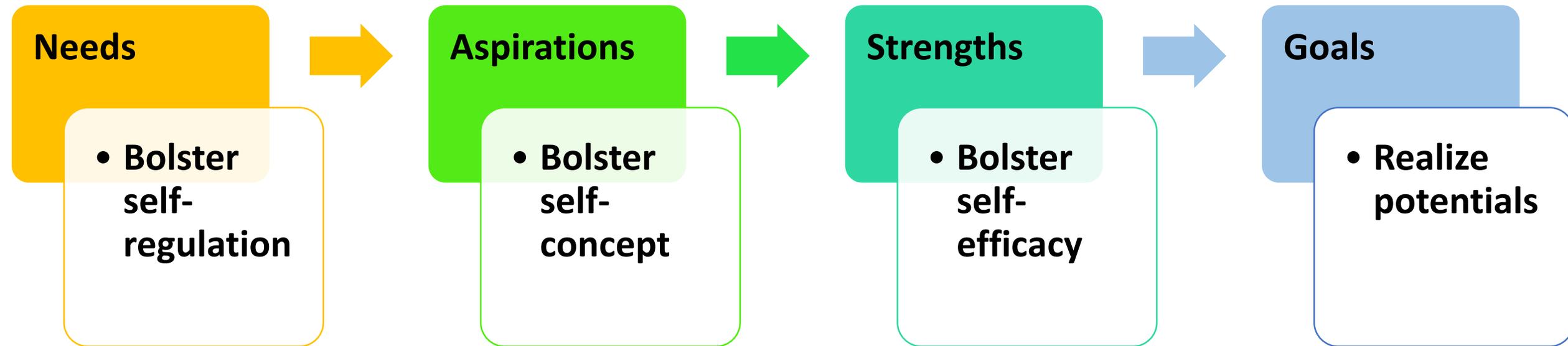
- Know Real Self
- Abilities
- Talents
- Weaknesses
- Limitations

Goals

- Competency
- Connections
- Character
- Caring
- Confidence

(Based on "Intentional Change Theory," Boyatzis, 2006)

Growth-Activating Recovery Support Framework and Drivers of Intentional Growth and Well-Being



Two-Way Interaction Between Youth and Settings is Called Developmental Regulation

- The dynamic (i.e., mutually influential) process of people acting on their settings and settings acting on people has been labeled developmental regulation.
- Intentional self-regulations are actions aimed at harmonizing demands of the settings with one's personal goals to contribute to one's own development.

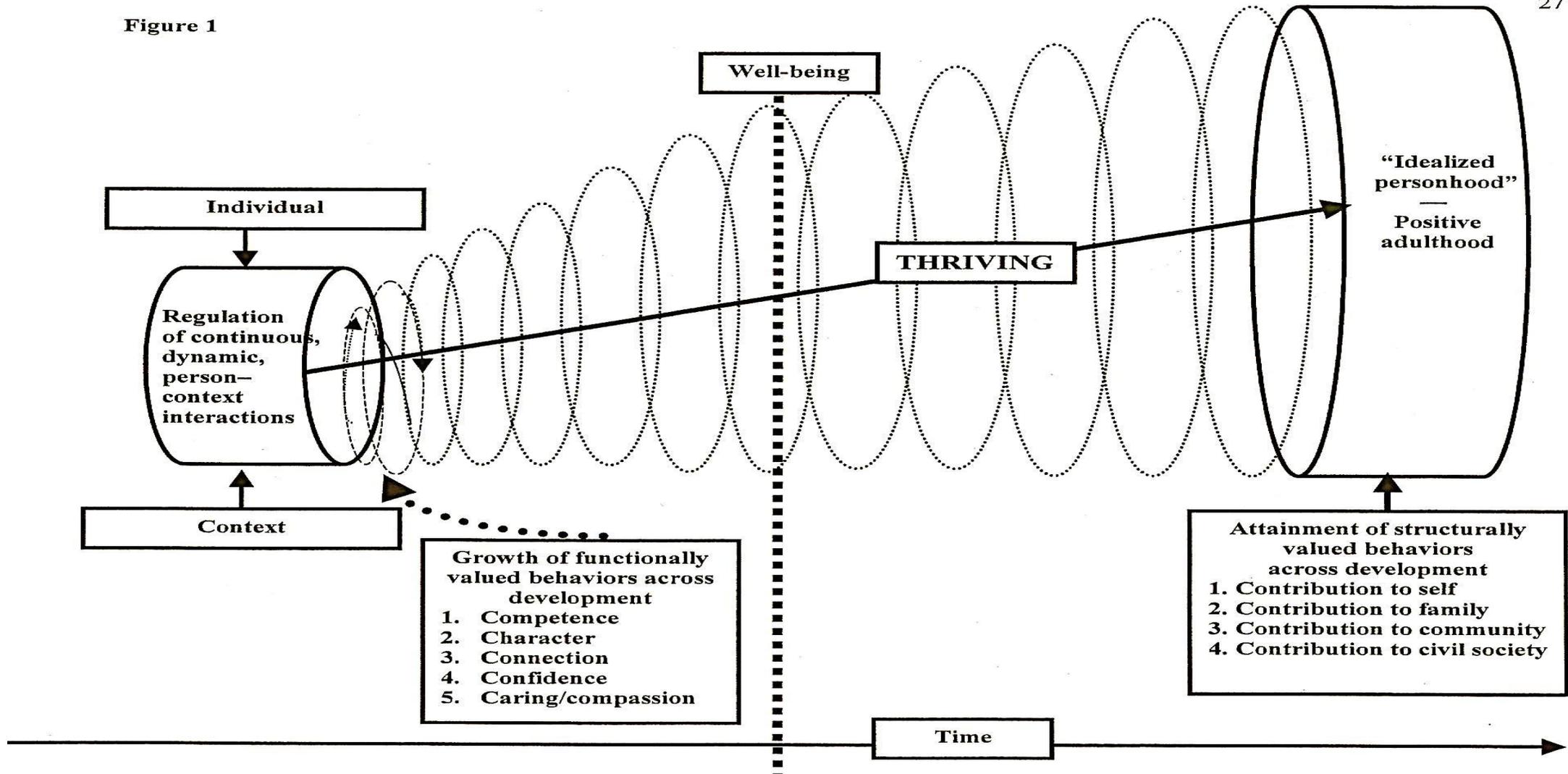


(Source: "Positive Development in Adolescence: The Development and Role of Intentional Self-Regulation," Gestsdottir and Lerner, *Human Development*, 2008; 51)

Developmental Regulation and Thriving

(Lerner, et.al., 2008)

Figure 1



Indicators of Thriving (Excellent for Specifying Recovery Outcomes)

- 1. Competence**
- 2. Character**
- 3. Connection**
- 4. Confidence**
- 5. Caring**
- 6. Contributing**



Competence

Social Skills

- ability to interact with different kinds of people
- verbal and nonverbal communication

Life Skills

- everyday skills needed for daily life tasks
- critical thinking, goal-setting, planning

Emotional Competence

- manage one's emotions, cope with stress, delay gratification
- adjusting one's emotions to be sensitive to others

Connections

Positive Relationships

- connections with others in which youth feels encouraged and supported

Spiritual Growth

- growing the intrinsic capacity for self-transcendence
- shaped within or outside religious traditions, beliefs, and practices

Character and Caring

Character

- a sense of right and wrong or integrity
- respect for appropriate social rules and for correct behavior

Caring

- a sense of empathy and sympathy toward others
- honoring and protecting living things; standing up for fairness and freedom

Confidence

Persistent Resourcefulness

- ability to face challenges and learn lessons from them
- finding creative solutions to problems; finding people and resources who can help

Confidence

- sense of positive identity or self-worth; self-efficacy
- belief in the future

Contribution

Purpose

- a deep reason, sense of inspiration, or meaning that can motivate an individual to learn and achieve
- reaching beyond self to a desire to contribute to the world



Some Key Characteristics of Developmentally Positive Youth Experiences

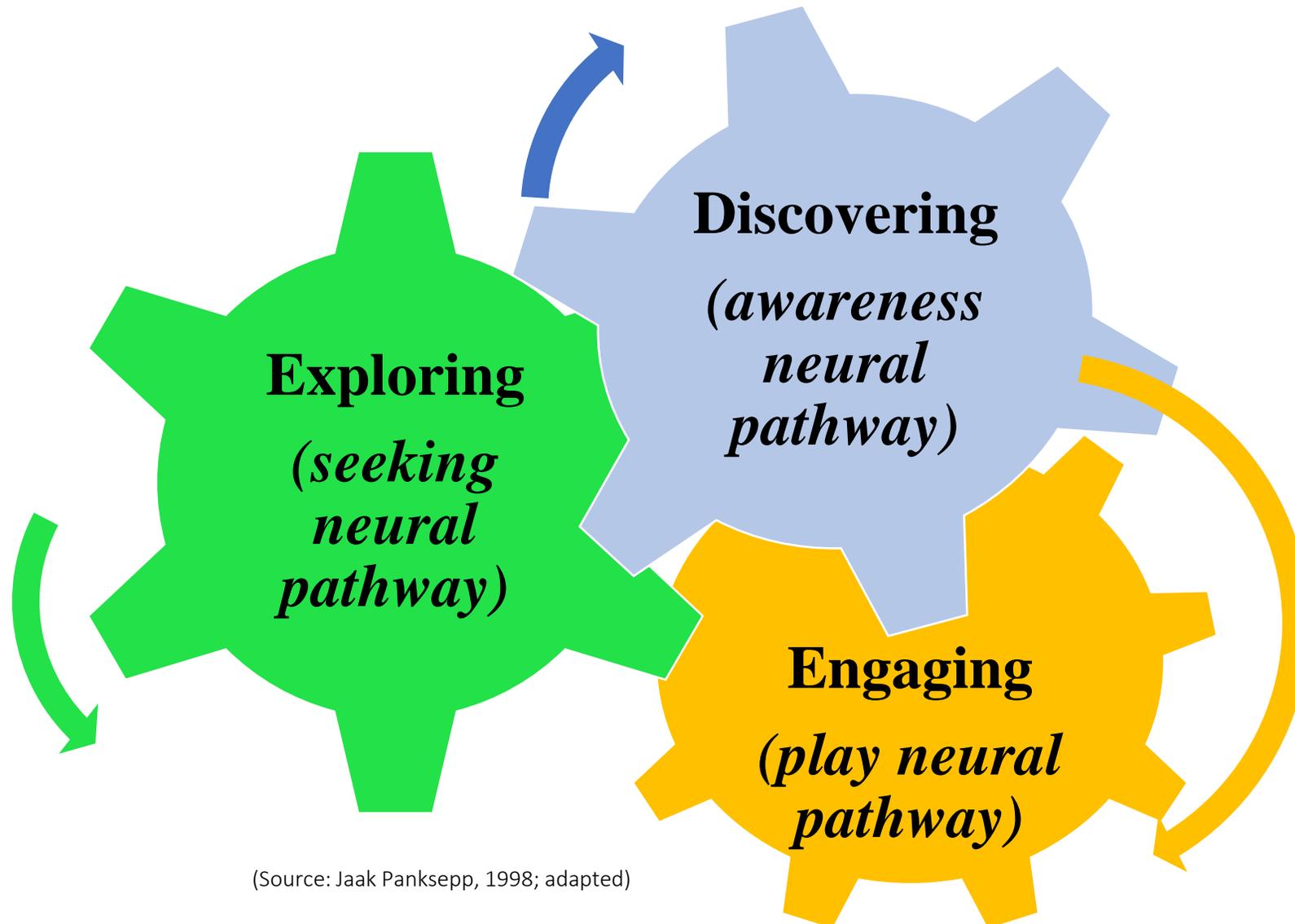
(Eccles and Gootman, 2002)

- 1. Engages interests and strengths or abilities/gifts.**
- 2. Physical and psychological safety.**
- 3. Appropriate structure.**
- 4. Supportive relationships.**
- 5. Opportunities to belong.**
- 6. Positive norms.**
- 7. Support for efficacy or mattering.**
- 8. Opportunities for skill-building.**
- 9. Integration of family, program, and community.**

PYD Intervention Strategies Activate Approach Rather than Avoidance Recovery Motivations

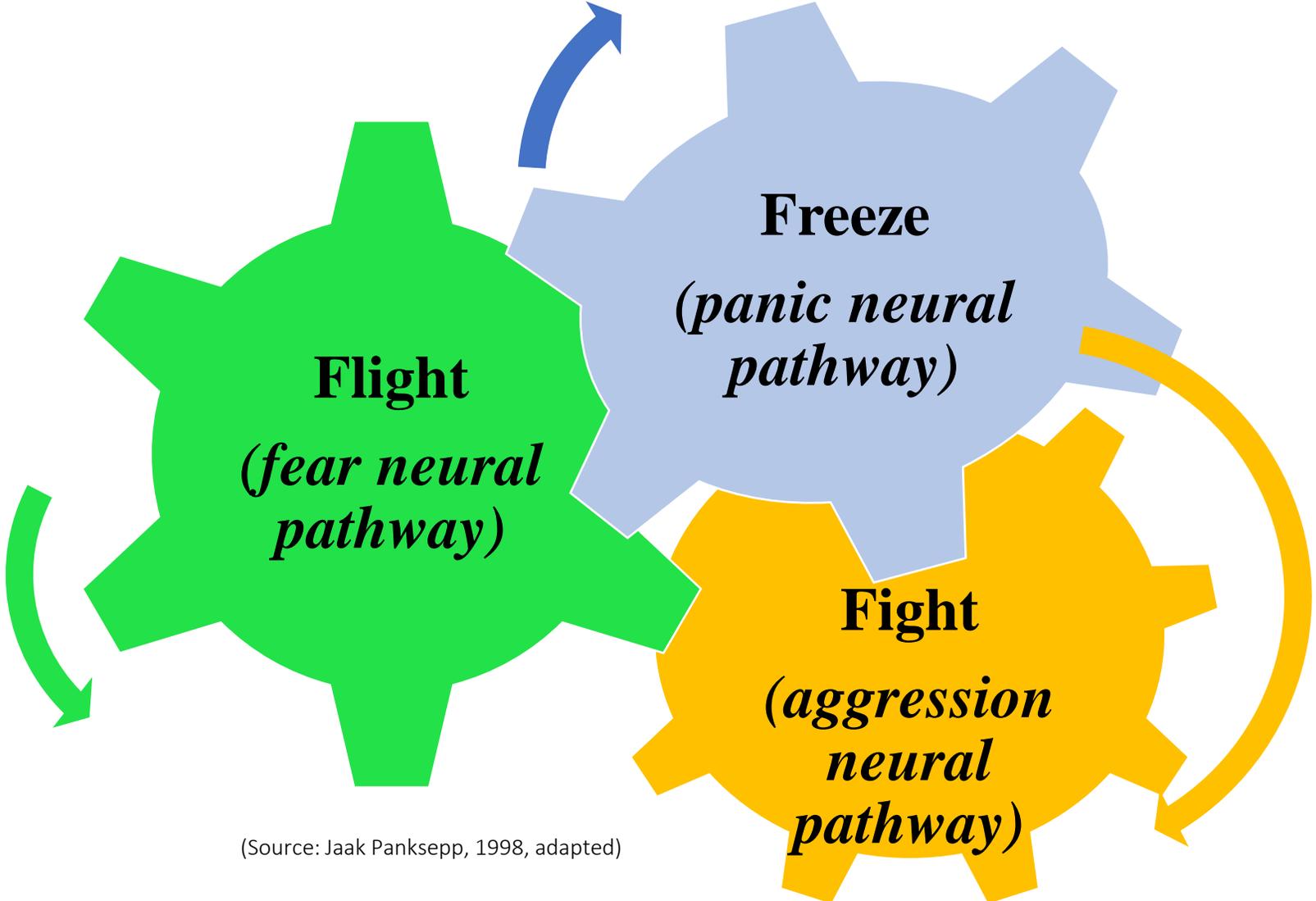


Heightened, Pleasurable Engaging Experiences Activate and Primitive Brain's Approach Neural Pathways



(Source: Jaak Panksepp, 1998; adapted)

Threatening, Painful Experiences and Activate the Primitive Brain's Avoidance Pathways



(Source: Jaak Panksepp, 1998, adapted)

Module Three

Assessment

**(Of the Change Opportunity and Readiness
to Jointly Pursue Change)**

Let's First Get Set Up For Five Fun Simulation Exercises

- 1. Come up with an awesome name for your group or “multi-agency partnership.”**
- 2. Select a partnership leader to facilitate and report out.**
- 3. Select a partnership recorder to write things down.**
- 4. Based on experiences of the group members, agree to on an AODA problem on which your partnership will focus (e.g., prescription drug use, early initiation of use, drug-selling at school events, increasing teen DUI arrests, etc.).**
- 5. Regarding the problem: How about many youth are affected/involved? Come up with a few challenges to serving the youth (e.g., transportation, etc.)**
- 6. Based on your earlier exercise of listing promotion, prevention, treatment, and recovery programs, pick out the programs that appear to be best suited for addressing the problem, or that already do address it.**

Key Assessment Tasks

(Examine Readiness to Jointly Pursue Change)

- 1. An initial small group is solidly in place to drive the start-up or enhancement effort. Sometimes called a “guiding group” and it disbands once the larger partnership is established.**
- 2. Initial group has a very clear purpose and need to present to partners.**
- 3. Existence of entity comprised of some program executives and engaged in oversight or governance of a community-wide initiative (not necessarily one focused on AODA).**
- 4. History of programs working together; preexisting relationships and successes on which to build, and inventory of current programs.**
- 5. Sufficient agreement among the key or “right” individuals that formally working together is needed.**
- 6. Major resistance or conflict identified that is too difficult to overcome or that people are unwilling to forthrightly address.**
- 7. Key influential community leaders/officials are on board and willing to champion the effort (if it is a larger type of effort)**

Example of a Community Resource Inventory Matrix (Developmental Stage Filter)

	Promotion Programs/Services	Prevention Programs/Services	Treatment Programs/Services	Recovery Programs/Services
Late Childhood				
Early Adolescence				
Mid-Late Adolescence				
Young Adults				
Adults				

Example of a Community Resource Assessment Matrix (Risk Factor Filter)

	Promotion Programs/Services	Prevention Programs/Services	Treatment Programs/Services	Recovery Programs/Services
Addresses Individual Risk Factors				
Addresses Family Risk Factors				
Addresses School Risk Factors				
Addresses Peer Risk Factors				
Addresses Community Risk Factors				

Example of a Community Resource Assessment Matrix (Geographic Stage Filter)

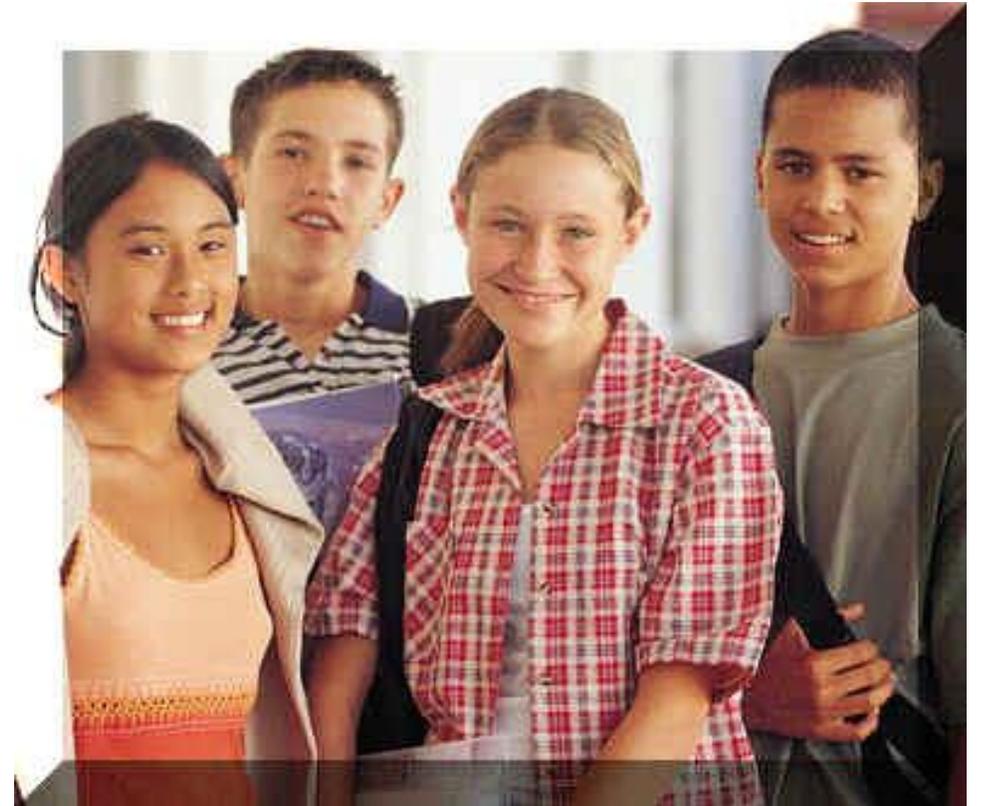
	Promotion Programs/Services	Prevention Programs/Services	Treatment Programs/Services	Recovery Programs/Services
Northeast Charleston County				
Northwest Charleston County				
Southeast Charleston County				
Southwest Charleston County				
Countywide				

Key Assessment Tasks (Examine the Change Opportunity)

- 1. Select or formulate explanatory framework for the issue of concern on which data collection can be based (e.g., factors associated with early initiation of drug abuse).**
- 2. Develop list of data indicators associated with the explanatory framework (e.g., trauma exposure such as physical abuse which may increase susceptibility to drug use, thus child abuse data would be useful, and if prevalence is high, then the strategy would need to utilize evidence-based practices to address the harm caused by such adverse childhood experiences).**
- 3. Identify potential sources for the data.**
- 4. Collect, organize, and analyze the data. Identify initial priority targets of change.**
- 5. Determine and communicate initial findings, including a hypothesis if sufficient information was acquired. An initial brief assessment report or summary.**

Three Broad Target Areas

- 1. Universal:** targets every adolescent in a population within which an increasing number are at risk, initiating and engaging in use, and have a drug use disorder (e.g., all tenth-graders).
- 2. Selective:** targets adolescents defined as at risk, includes those using but not with a disorder (e.g., adolescents engaging in running away and cited for drug-related offense).
- 3. Indicated:** targets adolescents who have been diagnosed with a drug use disorder; provide treatment and other services.



Example of a Preliminary Assessment to Guide Strategy Development

- 15 risk factors associated with pathway
- 33 data indicators
- 10 findings of the 2011 Fox Cities LIFE Study to shed additional light on the risk factors
- Scans of 5 known DMST cases identified by Children's Advocacy Center
- Presented areas calling for more in-depth assessment (to set stage for a follow-up assessment)
- Priority vulnerable minors: running away, chronic truancy, domestic violence, placed in and transitioning out of foster care, poverty, homeless, dual involvement in child protection and juvenile justice system

Confronting Domestic Minor Sex Trafficking in Outagamie County



A Preliminary Assessment

Outagamie County Human Trafficking Steering Committee

Jonathan I. Cloud
Planning and Management Consultant
November 17, 2014

Let's Have Some Fun: Assessment Exercise

- 1. Using the problem (e.g., opportunity for change) that your group has selected, come up with several conditions, attitudes, or behaviors associated with the problem. Some may be risk factors.**
- 2. Come up with three to five (e.g., many of the youth engage in truancy, a lot of them have academic problems, they seem to be disengaged from their families, etc.).**
- 3. Now, make up some data that may be indicators of the conditions, attitudes, behaviors (e.g., truancy tickets issued by SROs, etc.).**
- 4. Choose a couple priorities supported by your data and develop a simple problem statement.**

Module Four

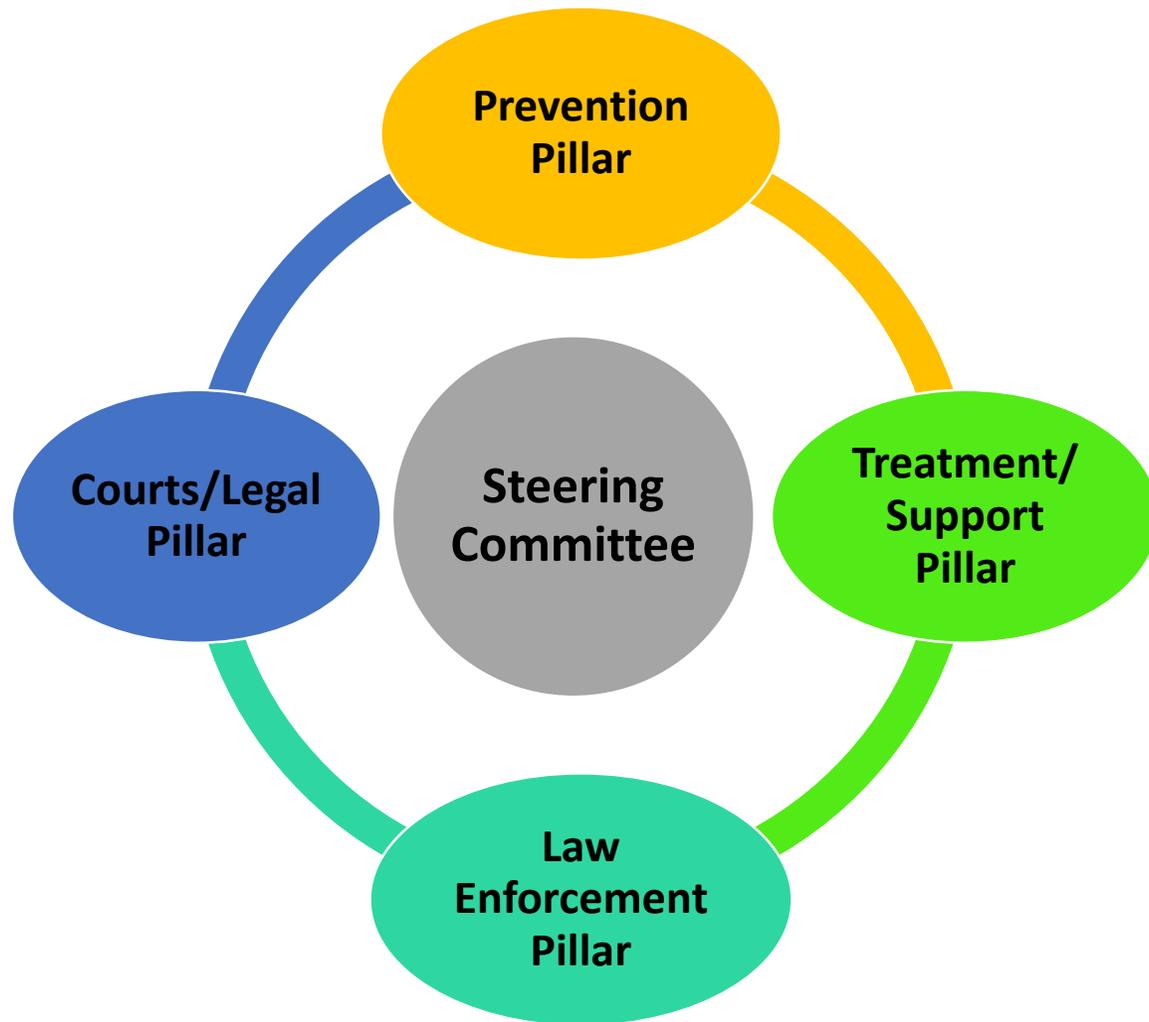
Building Capacity

(Getting Organized for Action)

Key Capacity-Building Tasks (Getting Organized)

- 1. Based on initial priorities, guiding group identifies partners needed in order to address the priorities. (This is where the resource inventory is useful.)**
- 2. Assess alignment of priorities with existing partnerships or initiatives (e.g., if closely aligned, can pursue utilizing an existing partnership).**
- 3. If new partnership is needed, create a list of potential partners, with a specific idea regarding each one's contribution (or the gap each one might fill, as indicated by the assessment findings).**
- 4. Consider/examine each organization's capacities as needed (especially in the areas of operations, management, and leadership).**
- 5. Determine structure, governance (e.g., steering committee), work groups.**
- 6. Establish "backbone organization" (needs high operational capacity).**
- 7. Recruitment and enlistment.**
- 8. Form a small planning team for the next stage. (Technical assistance by a consultant or area university can be useful here.)**

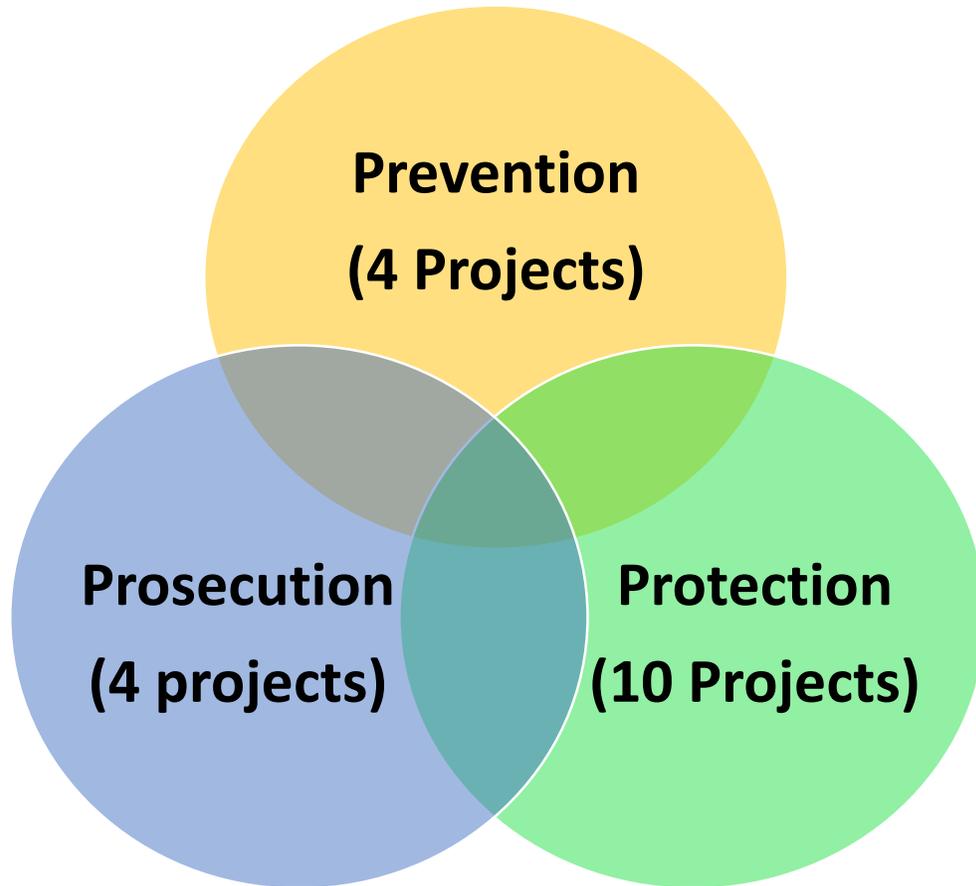
Example of an Partnership Organizational Structure



1. Partnership has 44 Pillar members representing 26 agencies.
2. Steering Committee has 19 members, a Chairperson, meets monthly at APD which provides administrative support (meeting minutes, etc.).
3. Each Pillar has a Lead and a Back-up Lead. Each Pillar Lead is a member of the Steering Committee.
4. Each Pillar will plan and carry out one or more of the strategy's 18 projects.
5. Implementation Team (comprised of Pillar Leads) meets as needed to manage implementation of projects.
6. Consultant provides technical support and guidance for all the above.

Example of a Partnership Strategy

(18 Projects that Enhance Existing Programs or Establishes New Policies and Practices for Several Agencies)



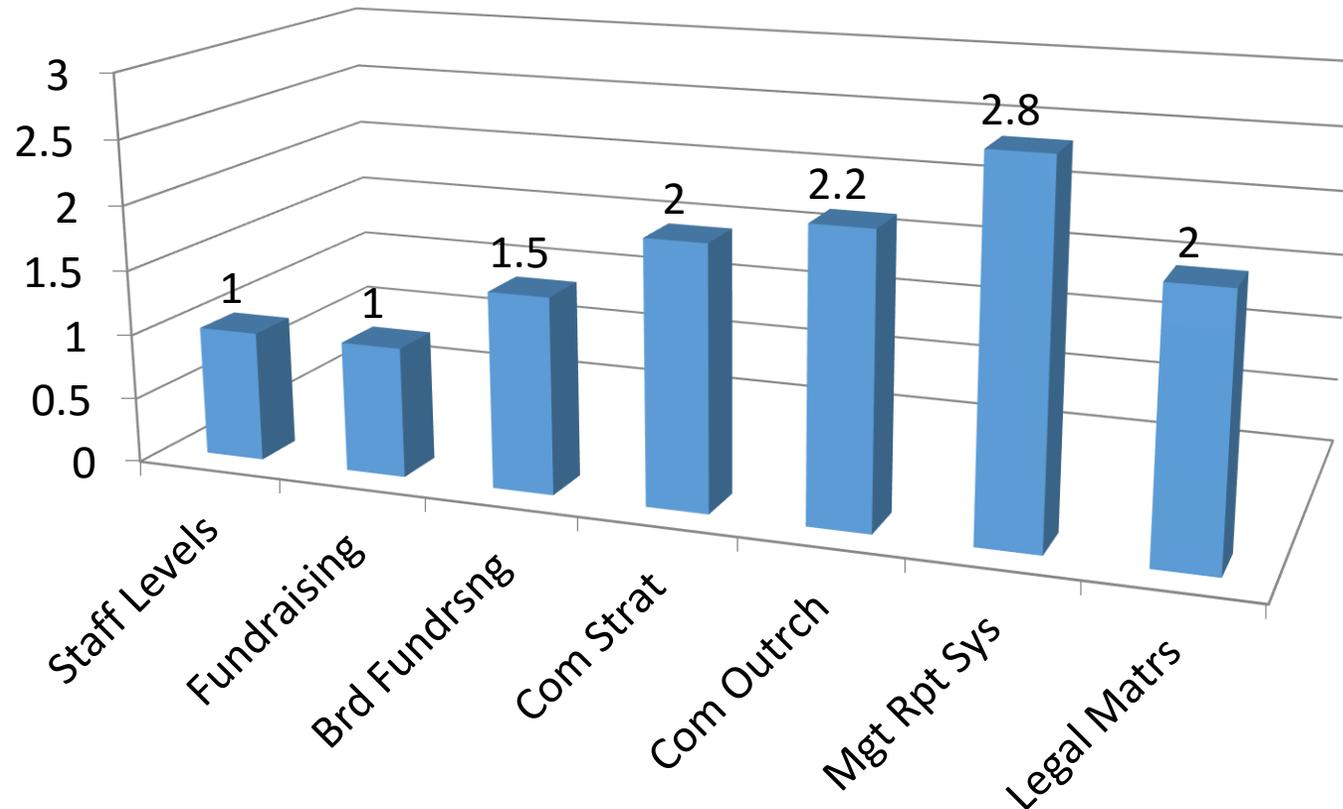
1. Prevention: reduce vulnerability of minors experiencing running away, chronic truancy, domestic violence, foster care, poverty, homelessness, involvement with child protection and juvenile justice.
2. Protection: rescue minors and adults, provide coordinated multi-agency treatment and support, apprehend traffickers and buyers.
3. Prosecution: a) modified handling of juvenile offenders found to also be victims; b) investigate, charge, and pursue convictions against traffickers and rehabilitation and/or conviction of buyers as determined appropriate in each case.

Elements of Organizational Capacity to Consider (For Coordination, Collaboration, and Collective Impact)

Operational Capacity	Management Capacity	Leadership Capacity
Staffing Level	Senior Management Team	Mission
Communications and Outreach	Goals/Performance Targets	Vision
Databases/Reporting Systems	Decision Making Processes	Overarching Strategy
Communications Strategy	Operational Planning	Overarching Goals
Board Involvement/Fundraising	Fund Development Planning	CEO/ED Experience and Standing
Office Space, Computers, Applications	Human Resources Planning	CEO/ED Analytical and Strategic Thinking

Actual Average Ratings by Staff for Seven Operational Capacity Elements

(From a Multi-Agency Strategy-Building Effort Assisted by This Consultant)

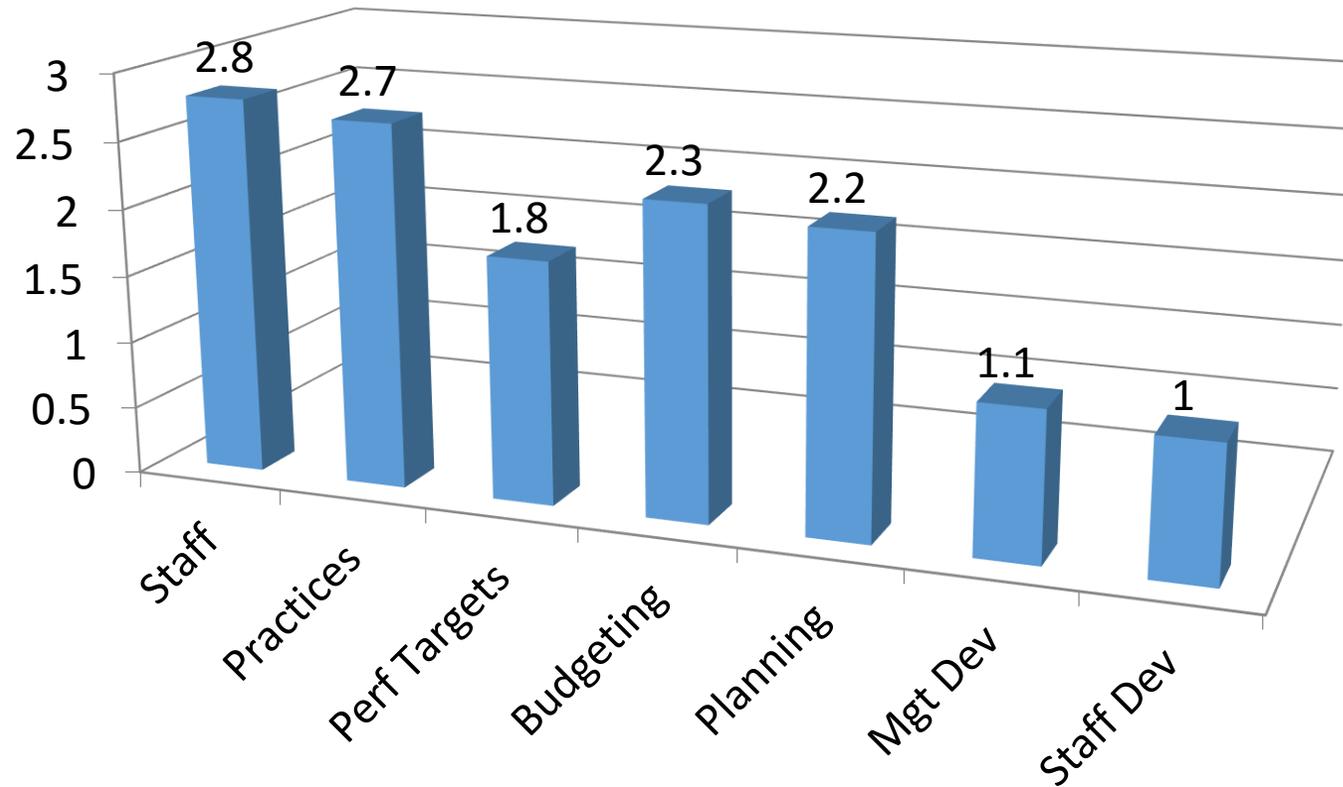


**What might be a problem for this agency in being a part of a partnership?
A contribution?
(Highest rating is 4.)**

■ Avg Rating

Actual Average Ratings by Staff for Seven Management Capacity Elements

(From a Multi-Agency Strategy-Building Effort Assisted by This Consultant)

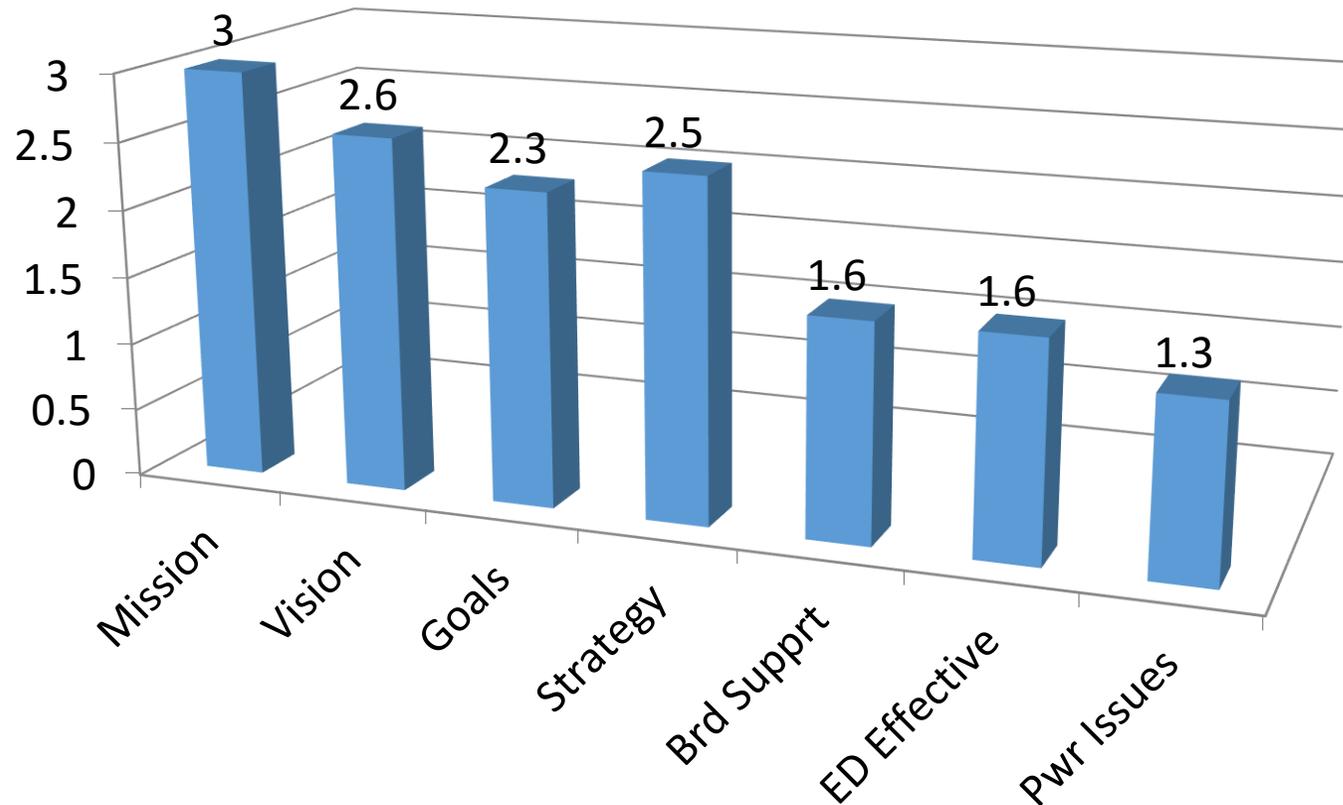


**What might be a problem for this agency in being a part of a partnership?
A contribution?
(Highest rating is 4.)**

■ Avg Rating

Actual Average Ratings by Staff for Seven Leadership Capacity Elements

(From a Multi-Agency Strategy-Building Effort Assisted by This Consultant)

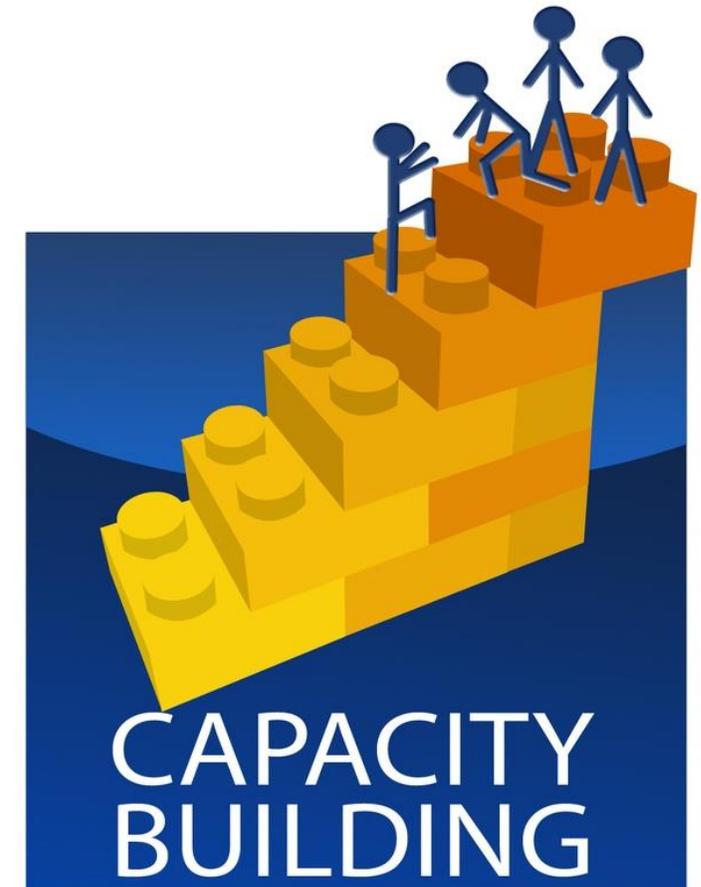


**What might be a problem for this agency in being a part of a partnership?
A contribution?
(Highest rating is 4.)**

■ Avg Rating

Let's Have Some Fun: Capacity-Building Exercise

1. Select two of the programs in your list.
2. Relying on the knowledge of the program by the group member who offered it, have a discussion of each program's capacity.
3. List what you've come up with.
4. Zero in on what each of the programs can offer in addressing the problem as your group stated it; the capacity area in which it is strong.
5. What kind of "pitch" could you make to the program's Executive Director for joining the partnership? Try coming up with one.



Module Five

Developing a Flexible Strategic Plan of Action

Key Planning Tasks

(Figure Out What to Do to Seize the Change Opportunity)

- 1. Planning team reviews assessment priorities, inclusive of priority risk and protective factors, need factors, etc.**
- 2. Develop an overarching theory of change.**
- 3. Develop a logic model.**
- 4. Develop flexible strategic plan of action comprised of a limited number of discrete projects with appropriate interventions to be carried out by the work groups. Project descriptions are developed at this point, not project plans.**
- 5. Work groups engage in a few months of project planning; specific action steps to carry out the projects described in the strategic plan.**
- 6. Performance metrics to monitor operations (e.g., attendance, tasks completed, etc.).**
- 7. Outcome measures.**
- 8. Evaluation plan.**

Strategic Sequence



Definition of Terms in the Sequence

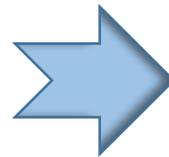
- **Mission:** Why we are in business; our social value.
- **Goals:** What we must accomplish to deliver our social value.
- **Objectives:** Key milestones we must meet to achieve our goals.
- **Outcomes:** Measurable changes that make goals real.
- **Indicators:** What we look at to recognize success.
- **Measures:** What we do to assess performance.
- **Data:** The facts we use to manage and learn from our work.



Having a Theory of Change: Why It Matters for High Performance

Definition:

A theory of change provides a comprehensive picture of the early- and intermediate-term changes that are needed to reach a long-term goal. It is usually articulated using “If” and “Then” statements.



Example:

If we enhance the capacity of families to support their children’s learning and well-being by collaborating with community partners and promoting welcoming, responsive schools and programs, then students will experience improved learning and development outcomes.

(“Framing Program Evaluation: Tinkering With Theories of Change and Logic Models,” Harvard Family Research Project, Carolina Buitrago, November 2015)

Theory of Change Guides the Innovation Process

Theory of Change

- Grounded in the latest science
- Informed by on-the-ground experience

Design the Intervention

- Targeted to population and context
- Test the intervention
- Pilot and adapt

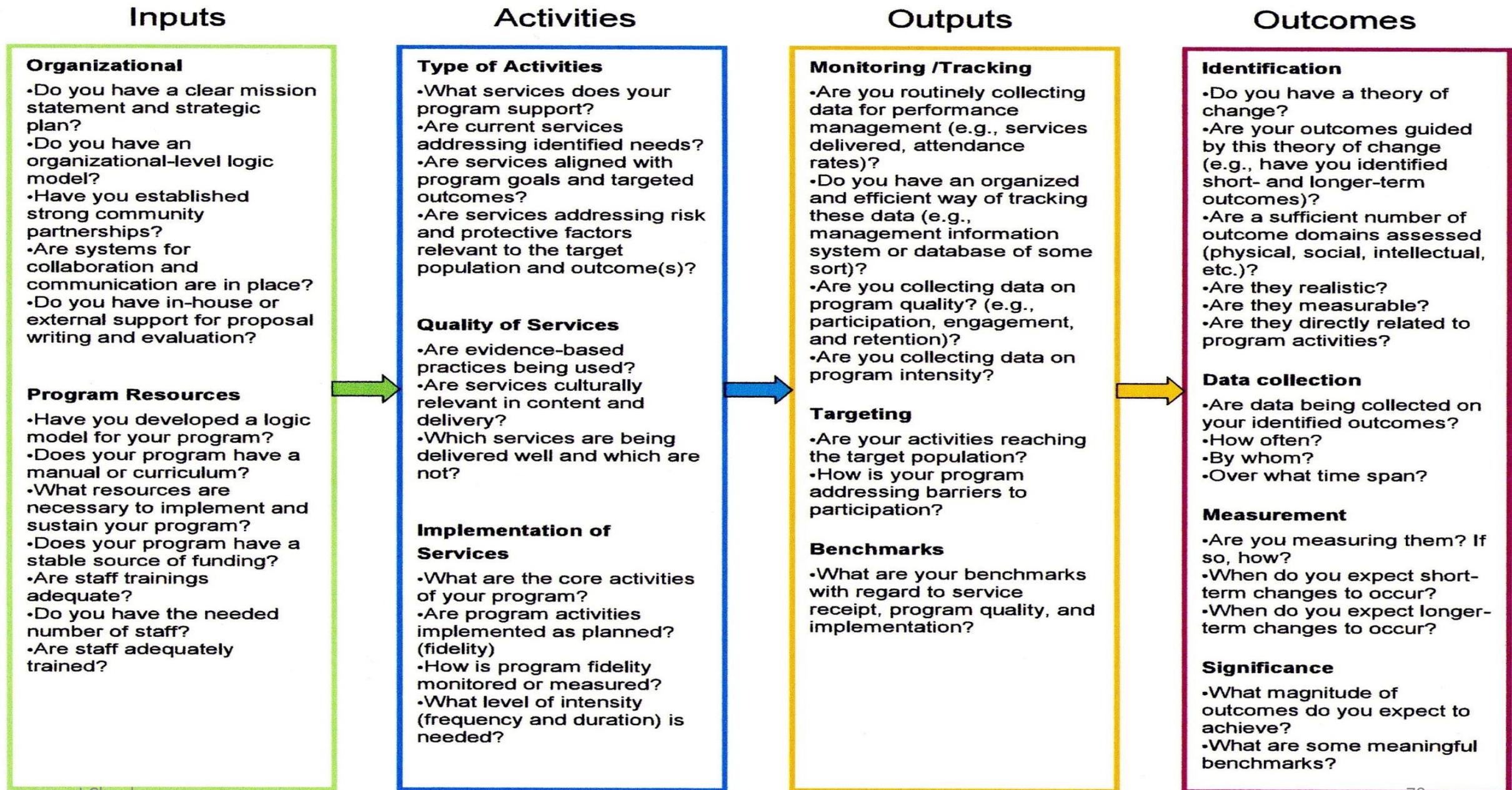
Targeted Scaling

- Iterations with larger populations
- Continued adaptation

Breakthrough Outcomes

- Significant results in human well-being
- Significant systems change

Figure 2 - Using a Logic Model to Guide the Assessment of Program Quality and Capacity



Example of a Logic Model: Actual One Developed for a Countywide Collective Impact Domestic Minor Sex Trafficking Initiative

Inputs (what goes in)	Activities or Operations (what happens)	Outputs (immediate results)	Outcomes (medium, long-term results)	Impacts (sustained significant change)
<ol style="list-style-type: none"> 1. Steering Committee leadership 2. Partner agencies and organizations; Pillars 3. Members’ time, knowledge, skills, abilities 4. Pillar Leads skills, knowledge, abilities 5. SACC and APD backbone organization administrative support 6. Technical assistance by consultant 7. County assessment findings 8. Strategic action plan 9. Community Foundation funding 10. Leadership by Sheriff and Chiefs 11. Support from civic and business entities 12. Information from conferences and stakeholders 13. Assistance from outside national trainers 	<ol style="list-style-type: none"> 1. Rescues by police 2. Trafficking “sting” operations by police 3. Advocacy for adult victims of trafficking 4. Services to adult victims of trafficking 5. Intervention with buyers (“johns”) 6. Interviews by police to detect victim 7. Education, training, legislative advocacy 8. DMST care protocol 9. DMST screening tool development and use 10. Structured assessment of DMST victims 11. Special training for law enforcement 12. County DMST Care Coordinator 13. Educating at-risk youth re: grooming 14. Victim Witness work with DMST victims 15. Protocol for victims in juvenile justice system 16. Investigation and prosecution 	<ol style="list-style-type: none"> 1. Victim referrals, intakes, care plans 2. Arrest and after-action reports 3. Advocate reports 4. Service reports 5. Educational session materials for “johns” 6. Police interview findings 7. Education and training materials 8. Draft and final DMST Protocol 9. Draft and final screening tool 10. Victim assessment findings 11. Law enforcement training materials 12. Care Coordinator activity reports 13. Educational materials for at-risk youth 14. Summaries by Victim Witness Specialist 15. Draft and final protocol 16. Criminal complaints by DA’s Office 	<ol style="list-style-type: none"> 1. Long-term recovery of victims 2. Dismantling of sex trafficking enterprises 3. Deterrence of sellers and buyers 4. Increased knowledge and skill of agencies 5. Increased coordination of agencies 6. Identification and protection of at-risk minors 7. Increased awareness and knowledge of youth re: grooming 8. Removal of traffickers from community <p>(Data indicators and methods of collection to be developed by data team.)</p>	<ol style="list-style-type: none"> 1. Reduction of threat to vulnerable youth and adults of enticement, grooming, entrapment by traffickers. 2. Established and well-resourced system of services for victims of sex trafficking. 3. Coordinated tactical anti-human trafficking law enforcement work across jurisdictions. <p>(Data indicators and methods of collection to be developed by data team.)</p>
J Cloud				80

Example of a Partnership's Theory of Change and Strategic Framework



(“Understanding the Causes of Child Trafficking as a Precondition for Prevention,” The Council of Europe (date unknown))

Example of a Vision of Change

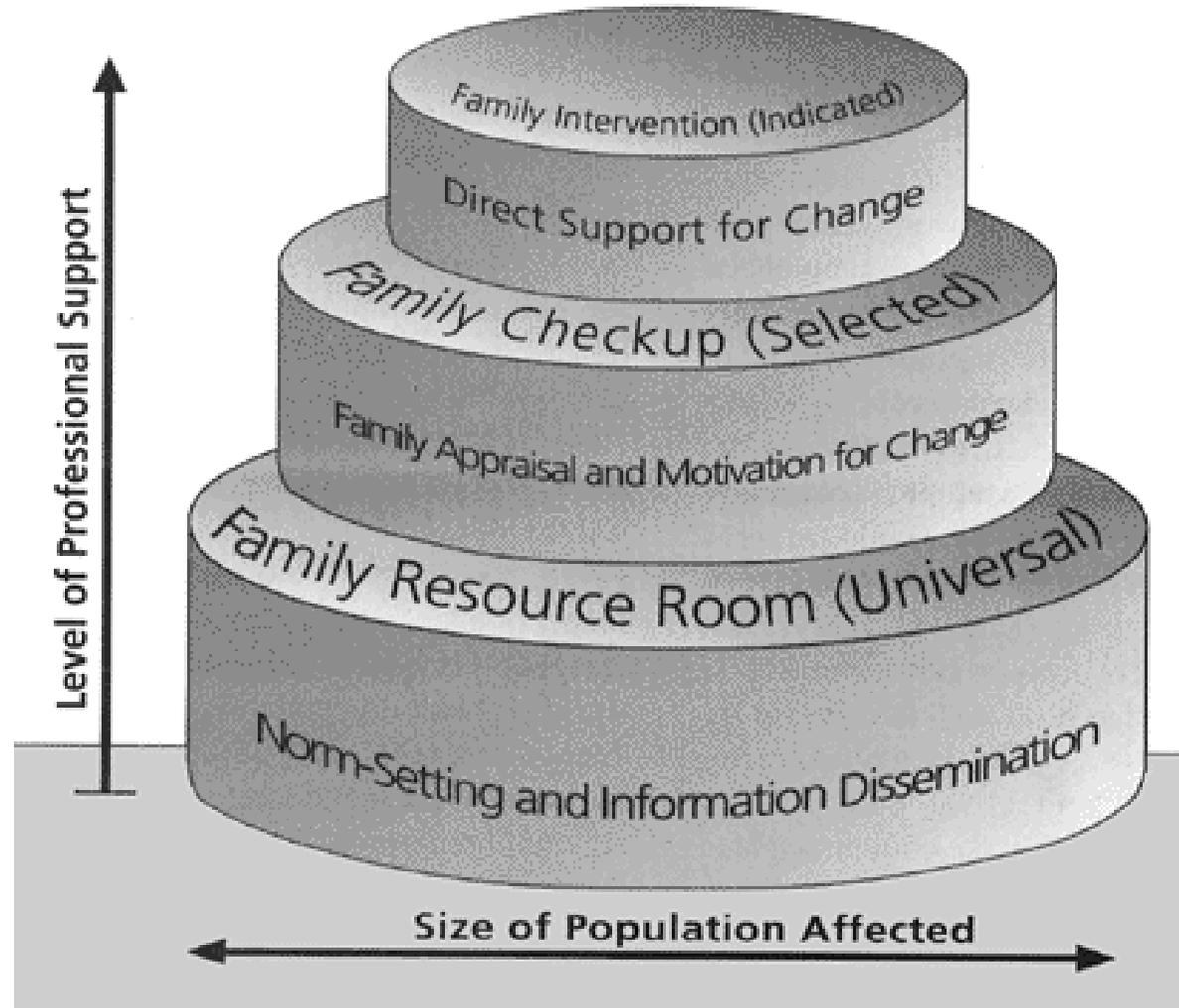
Impact (Sustained Significant Changes in Outagamie County)

- 1. Reduction of threat to vulnerable youth and adults of enticement, grooming, entrapment by traffickers.**
- 2. Established and well-resourced system of services for victims of sex trafficking.**
- 3. Coordinated tactical anti-human trafficking law enforcement work across jurisdictions.**

Example of a Partnership Performance Report (16 Discrete Projects)

Ongoing/Permanent (In Place Prior to Strategy)	Non-Pillar Projects Started in 2015	Pillar Projects Started October 2015
<ol style="list-style-type: none"> 1. Victim Crisis Response (VCR) Advocates Accompanying Police at Sting Operations 2. Police Sting Operations 3. Police Department Sex Trafficking Screening/Interview Instrument 4. Intervention Services to Adult Victims on Probation or Parole 5. Education of Buyers: Awareness and Information for Men (AIM) 6. Prosecutorial Efforts by DA's Office 	<ol style="list-style-type: none"> 1. DMST 101 Training For Human Service Agencies Completed 2. Initial Countywide Interagency DMST Protocol Completed 3. Victim Witness Specialist Approach for DMST Victims in Place with Care Coordinator 4. Training of Law Enforcement Officers in the Valley (Pending) 5. Exploring Legislative Remedies to Address Gaps in Services for Minor Victims (Pending) 	<ol style="list-style-type: none"> 1. School-Based Education of Staff and Youth 2. Training of SROs at Statewide Conference 3. Development of DMST Screening Instrument for Use by Key Agencies/Programs 4. Special Monitoring/Support Tactics for School Resource Officers 5. MOU for Juvenile Offenders Identified as DMST Victims

Example of an AODA Strategic Framework: Multiple Gating Model of Parenting Interventions Within a School Ecology



Three Types of Strategies

- 1. Supply Reduction:** Interventions that restrict access to a substance, particularly for populations considered vulnerable to harm.
- 2. Demand Reduction:** Services to reduce the number of individuals who use substances, the amount they use, or the frequency of use.
- 3. Harm Reduction:** Interventions that seek to reduce the harmful consequences even when use remains unchanged.



Considering AOD Use Motives: For Theories of Change and Selecting or Designing Interventions

- 1. To Feel Good:** Stimulants may lead to feelings of power, self-confidence and increased energy. Depressants tend to provide feelings of relaxation and satisfaction.
- 2. To Feel Better:** People may use substances to reduce social anxiety and stress when building connections with others or to reduce symptoms associated with trauma or depression.
- 3. To Do Better:** The increasing pressure to improve performance leads many people to use chemicals to “get going” or “keep going” or “make it to the next level.”
- 4. Curiosity or New Experiences:** Some people have a higher need for novelty and a higher tolerance for risk. These people may use drugs to discover new experiences, feelings, or insights.

Let's Have Some Fun: Planning Exercise

Problem Statement	Performance Goal (Expected Outcome)	Performance Objectives	Prescription Drug Work Group Project Description
<ul style="list-style-type: none"> ▪ High incidence of ER admissions involving non-medical prescription drug use, as shown by data. ▪ Misuse of prescription drugs by adolescents and young adults. 	<ul style="list-style-type: none"> ▪ Reduce non-medical use of prescription drugs by adolescents and young adults. 	<ul style="list-style-type: none"> ▪ Reduce access to prescription drugs. ▪ Reduce low perceived risk of harm. ▪ Reduce incidence of admissions to ER involving non-medical prescription drugs. 	<p>Educational effort to raise awareness of the harm. Follow up work with youth upon release from ER/hospital based on multi-agency support plans.</p>

(example from *Strategic Prevention Framework*, Hornby Zeller Associates, Inc., modified)

Instructions:

Get out the problem statement developed by your group. Develop a simple theory of change. Then based on the example above, develop goals and objectives, and a project description for a multi-agency work group.

Module Six

Implementing the Strategic Plan of Action

Key Implementation Tasks (Execute the Strategy's Projects/Interventions)

- 1. Work Groups carry out tasks as indicated by project plans. (Project typically not more than one year in duration.)**
- 2. Implementation Team comprised of chairpersons of each work group meets regularly for coordination, mutual support, and problem-solving.**
- 3. Steering Committee meetings regularly to support the overall effort.**
- 4. "Backbone organization" provides a coordinator to handle logistics, communications, facilitation, etc.**
- 5. Ensure that project activities are carried out effectively and on schedule and that interventions are implemented with fidelity.**
- 6. Adapt interventions as needed and build/modify infrastructure supports for implementation as needed.**
- 7. Coordinator collects performance data and reports to Steering Committee.**

Module Seven

Evaluating the Multi-Agency Implementation Effort

Key Evaluation Tasks

(Measure the Results of Implementation)

1. Collect data.
2. Organize and analyze data.
3. Interpret data and make findings.
4. Identify what's working and not working.
5. Share lessons learned.
6. Institutionalize successes.
Begin next round of projects.

- What will change?
- For whom?
- By how much?
- When will the change occur?
- How will the change be measured?

Let's Have Some Fun: Evaluation Exercise

Problem Statement	Performance Goal (Expected Outcome)	Performance Objectives	Prescription Drug Work Group Project Description
<ul style="list-style-type: none"> ▪ High incidence of ER admissions involving non-medical prescription drug use, as shown by data. ▪ Misuse of prescription drugs by adolescents and young adults. 	<ul style="list-style-type: none"> ▪ Reduce non-medical use of prescription drugs by adolescents and young adults. 	<ul style="list-style-type: none"> ▪ Reduce access to prescription drugs. ▪ Reduce low perceived risk of harm. ▪ Reduce incidence of admissions to ER involving non-medical prescription drugs. 	<p>Educational effort to raise awareness of the harm. Follow up work with youth upon release from ER/hospital based on multi-agency support plans.</p>

(example from *Strategic Prevention Framework*, Hornby Zeller Associates, Inc., modified)

Instructions:

Based on objectives you set during the previous exercise based on the example above, answer the following: What will change? For whom? By how much? When will change occur? How will the change be measured.

Let's Work Together

